WASHINGTON STATE DEPARTMENT OF LICENSING

Assessment/Treatment Report for DOT Positive Test

This form is to be completed by a substance abuse professional and filed with:

Department of Licensing
PO Box 9030
Olympia, WA 98507

Fax: **(360) 570-4961**

Please print or type

Driver's name *(Last, First, Middle)*		Washington driver license number
Residence address ☐ PLEASE CHECK IF NEW ADDRESS		Date of birth
City	State	ZIP code
Mailing address ☐ PLEASE CHECK IF NEW ADDRESS		
City	State	ZIP code
SAP name		SAP (Area code) Telephone number
SAP street address		
City	State	ZIP code

Check all appropriate boxes

I am reporting:

☐ a drug/alcohol assessment: _____

☐ a drug/alcohol treatment recommendation: _____

☐ that this driver is satisfactorily participating in drug/alcohol treatment/education.

☐ that this driver has successfully completed drug/alcohol treatment/education on:_____.
Completion date

Certification

I certify under penalty of perjury under the laws of the State of Washington that I am a Department of Transportation qualified substance abuse professional meeting the requirements of 49 CFR Part 40.281 and that the foregoing is true and correct.

_____ **X** _____
Date and place — Signature of Substance Abuse Professional

RCW 46.25.090

DR-500-012 (R/8/07)W

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3900 or TTY (360) 664-0116.